Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO E	Box 202501 na, MT 59620			S Di			
Elementary District Re	sponsible for Re	eimbursing the	Contract		County	1	Legal Entity
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Con	tract	County		Legal Entity
Plentywood K-1	2 Schools				Sheridan		0828
Is this contract shar ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?			
Are you applying for (If yes, please attact	h explanation))	□ No		Student Name	School	Grade
ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	ation of resident ces must be resportation com	ice. In order to viewed and a mittee, and th	o receive oproved by the	Student Name	School	Grade
Check here only if incr District Trustees and the	eased payment	due to isolation	n has been ap	pproved by the	Student Name	School	Grade
Elem District Approval	□ yes	Ini □ no	tials		Student Name	School	Grade
HS District Approval County Approval	□ yes	□ no □ no			THIS CONTRACT IS F	OR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 □ 1st Semester Only	□ 2nd Semester Onl	ly Both Semesters
Brad Lindblom Physical Address (street address only):					Pre-kindergarten/Kinde		
Filysical Address (s	sireet address	Offig).			☐ 1st Semester Only KINDERGARTEN/PRE		ly Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0	HS 0	·			by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop	times per day,times per day,times per day,tles without other schotimes per day,	days per week days per week days per week col-age students: days per week days per week days per week
□ Contract is for o	ne-way only					times per day, _	days per week
Students in Each Grade L	evel - Only include		e covered by th	,	<u>Deadlines:</u> PARENTS: Due to Sci	hool Clerk June 1.	
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: Send origina files.	al to County Supt by Jul	ly 1, retain a copy for your
Regular Trans						NDENTS: Send origina	al to OPI by July 10, retain a
Spec. Ed. Trans					copy for your files.		
Room & Board						EIMBURSEMENT Ratrict, county and OPI	
Correspondence							
Reg. Contingency					Reimb	oursement rate is deterr 20-10-142, MCA.	mined by
Spec. Ed. Contin.						20-10-142, MOA.	
Agreement between	ı parent (parei	nt name)		0	, and school district (dis	,	· · · · · · · · · · · · · · · · · · ·
(county name) The parties agree as follow 1. The parent shall tra		transportation for		•	fter referred to as the District(s) or bus stop on the days when school is	•	dian assures that a licensed and
insured driver will t 2. In March and June	ransport the stude	nts. Mileage con	tracts are valid	only when transportati	ion for the distance reported on the contra ation upon certification by the teacher or	act actually occurs.	
	be computed on the				142, MCA, and the information accompar		
4. This contract shall Elementary School			rear or when the ard of Truste		er enrolled in school, whichever occurs fi	ISI.	Date
High School District Plentywood K-12 Sc		Chair, Boa	ard of Truste	es			Date
			I attes	t that the above	information is true and correct.		
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO B	ox 202501 na, MT 59620			S Du			
Elementary District Res	sponsible for Re	eimbursing the	Contract		County	1	Legal Entity
High School or K-12 Di	strict Responsil	ole for Reimbu	rsing the Cont	ract	County		Legal Entity
Plentywood K-1	2 Schools				Sheridan		0828
Is this contract share ☐ yes ☐ no	ed between el	ementary an	d high school	ol?			
Are you applying for (If yes, please attack	n explanation))	□ No		Student Name	School	Grade
rates for special circum increased rates, individ trustees of the district,	stances of isola ual circumstand the county trans	ation of resident ces must be resportation com	ice. In order to viewed and appointed and the mittee, and the	o receive oproved by the	Student Name	School	Grade
Public Instruction. (10.7) Check here only if incre District Trustees and the	eased payment	due to isolation	n has been ap	proved by the	Student Name	School	Grade
Elem District Approval	□ yes	Ini □ no	tials		Student Name	School	Grade
HS District Approval County Approval	•	□ no □ no			THIS CONTRACT IS F	OR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 □ 1st Semester Only	□ 2nd Semester Only	y Both Semesters
Cindy Challes Physical Address (st	treet address	oulv).			Pre-kindergarten/Kinde		Dette Commenters
i ilyolodi / tadi ooo (o		Oy /.			1st Semester OnlyKINDERGARTEN/PRE		y Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0	HS 0 to nearest bu	·			Kindergarten child rid by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop	es <u>with</u> other school-a times per day, _ times per day, _ es <u>without</u> other scho times per day, _	days per week days per week days per week ol-age students: days per week days per week days per week
☐ Contract is for or Students in Each Grade Le	, ,	the students to b	e covered by thi	is contract.	Deadlines:		
	Pre-K	K	1-8	9-12	PARENTS: Due to Sch	nool Clerk June 1.	
	Total	Total	Total	Total	CLERKS: Send original files.	al to County Supt by July	y 1, retain a copy for your
Regular Trans					COUNTY SUPERINTE	NDENTS: Send origina	l to OPI by July 10, retain a
Spec. Ed. Trans					copy for your files.		
Room & Board Correspondence						EIMBURSEMENT RA trict, county and OPI	
Reg. Contingency					Reimb	oursement rate is detern	nined by
Spec. Ed. Contin.						20-10-142, MCA.	·
Agreement between	parent (pare	nt name)			, and school district (dis	trict name)	, , , , , , , , , , , , , , , , , , , ,
insured driver will tr 2. In March and June, transported for the 3. The payment shall	nsport or provide ransport the stude the District shall p past semester. be computed on the past semester.	nts. Mileage con pay the parent the ne basis of the so	the student(s) to tracts are valid of e sum officially a shedule establish	o and from the school only when transportati pproved in the applicated in Section 20-10-	fter referred to as the District(s) or bus stop on the days when school is i fon for the distance reported on the contration upon certification by the teacher or part of the distance of the contration accompaner enrolled in school, whichever occurs fire	n session. The parent or guard act actually occurs. orincipal of the school of the null ying this contract.	
Elementary School I			rd of Truste				Date
High School District Plentywood K-12 Sc		Chair, Boa	ard of Truste	es			Date
			I attes	t that the above	information is true and correct.		
Signature - Parent or	Guardian	·				Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO E	Box 202501 na, MT 59620			S Di			
Elementary District Re	sponsible for Re	eimbursing the	Contract		County	<u>'</u>	Legal Entity
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Con	tract	County		Legal Entity
Plentywood K-1	2 Schools				Sheridan		0828
Is this contract shar ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?			
Are you applying for (If yes, please attac	h explanation))	□ No		Student Name	School	Grade
ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	ation of resident ces must be resportation com	ce. In order to viewed and a mittee, and th	to receive pproved by the	Student Name	School	Grade
Check here only if incr District Trustees and the	eased payment	due to isolation	n has been ap	pproved by the	Student Name	School	Grade
Elem District Approval	□ yes	Ini □ no	tials		Student Name	School	Grade
HS District Approval County Approval	•	□ no □ no			THIS CONTRACT IS F	OR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 □ 1st Semester Only	□ 2nd Semester On	ly Both Semesters
Corwin Kanning Physical Address (street address only):					Pre-kindergarten/Kinde		
Physical Address (s	street address	only):			☐ 1st Semester Only	□ 2nd Semester On	ly Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0	HS 33 e to nearest bu HS 0	·			by this contract: To or from Bus Stop To or from School Kindergarten child ric To or from Bus Stop	times per day, times per day, des <u>without</u> other scho	days per week days per week days per week col-age students: days per week days per week days per week
☐ Contract is for o Students in Each Grade L	, ,	the students to h	e covered by th	is contract	Deadlines:		
Otauchia in Lacir Grauc L	Pre-K	K	1-8	9-12	PARENTS: Due to Sc	hool Clerk June 1.	
	Total	Total	Total	Total	CLERKS: Send origin files.	al to County Supt by Ju	ly 1, retain a copy for your
Regular Trans						NDENTS: Send origina	al to OPI by July 10, retain a
Spec. Ed. Trans					copy for your files.		
Room & Board Correspondence						EIMBURSEMENT R strict, county and OPI	
Reg.					_		
Contingency					Reim	bursement rate is detern 20-10-142, MCA.	mined by
Spec. Ed. Contin.						, -	
Agreement between	n parent (pare	nt name)			, and school district (dis	strict name)	,
(county name)	, , , , , , , , , , , , , , , , , , , ,	- /		County hereinat	fter referred to as the District(s	,	·
The parties agree as follow		transportation for		•	I or bus stop on the days when school is	,	dian assures that a licensed and
In March and June	, the District shall p				ion for the distance reported on the contr ation upon certification by the teacher or		umber of days the student(s) was
	be computed on the				142, MCA, and the information accomparer enrolled in school, whichever occurs fi		
Elementary School			rd of Truste		2. 2o.oo conoo, wholever could li	· 	Date
High School District Plentywood K-12 Sc		Chair, Boa	rd of Truste	ees			Date
			I attes	t that the above	information is true and correct		
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	Box 202501 na, MT 59620)-2501			e to School Clerk June 1		
Elementary District Re	esponsible for Re	eimbursing the	Contract		County		Legal Entity
High School or K-12 D	District Responsi	ble for Reimbu	rsing the Con	tract	County		Legal Entity
Plentywood K-1	2 Schools				Sheridan		0828
Is this contract shar ☐ yes ☐ no	red between e	lementary ar	nd high scho	ol?			
Are you applying fo	h explanation)	□ No		Student Name	School	Grade
ISOLATION: Section rates for special circur increased rates, indivitrustees of the district, Public Instruction. (10.	nstances of isolo dual circumstand the county trans	ation of resider ces must be re sportation com	nce. In order to viewed and appointment in the contract of the	o receive oproved by the	Student Name	School	Grade
Check here only if incomplistrict Trustees and t	reased payment	due to isolatio	n has been ap	pproved by the	Student Name	School	Grade
Elem District Approval	Elem District Approval yes no				Student Name	School	Grade
HS District Approval County Approval		□ no □ no			THIS CONTRACT IS	FOR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 ☐ 1st Semester Only	□ 2nd Semester Onl	y Both Semesters
Heidi Ordahl Physical Address (street address only):					Pre-kindergarten/Kind ☐ 1st Semester Only	ergarten 2nd Semester Onl	y □ Both Semesters
		• /			KINDERGARTEN/PR		y Both Cemedicis
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for o	HS 13 e to nearest bu HS 13	·	•		by this contract: To or from Bus Stop_ To or from School Kindergarten child ri	times per day,times per day,times per day,tides without other scho	days per week days per week days per week ool-age students: days per week days per week days per week
Students in Each Grade L		the students to b	be covered by th	is contract.	Deadlines:		
	Pre-K	К	1-8	9-12	PARENTS: Due to S	chool Clerk June 1.	
D 1 T	Total	Total	Total	Total	CLERKS : Send origin files.	nal to County Supt by Jul	y 1, retain a copy for your
Regular Trans Spec. Ed. Trans					COUNTY SUPERINT copy for your files.	ENDENTS: Send origina	al to OPI by July 10, retain a
Room & Board					., ,	REIMBURSEMENT R	ATE
Correspondence					(For d	istrict, county and OPI	use only)
Reg. Contingency Spec. Ed. Contin.					Rein	nbursement rate is determ 20-10-142, MCA.	mined by
opec. Lu. Contin.							
Agreement between	n parent (pare	nt name)			, and school district (d	istrict name)	,
insured driver will 2. In March and June transported for the 3. The payment shall	ansport or provide transport the stude e, the District shall p e past semester. I be computed on t	nts. Mileage cor pay the parent the	r the student(s) to stracts are valid of e sum officially a chedule establish	o and from the school only when transportation approved in the applicated in Section 20-10-1	ter referred to as the District(or bus stop on the days when school i on for the distance reported on the con ottion upon certification by the teacher of 42, MCA, and the information accomp or enrolled in school, whichever occurs	s in session. The parent or guard tract actually occurs. or principal of the school of the nu anying this contract.	
Elementary School			ard of Truste				Date
High School District Plentywood K-12 S		Chair, Boa	ard of Truste	es			Date
			I attes	t that the above i	information is true and correct	et.	
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	Box 202501 na, MT 59620)-2501			chool Year 2005- 200 e to School Clerk Jun		
Elementary District Re	esponsible for Re	eimbursing the	Contract		County	<u> </u>	Legal Entity
High School or K-12 D	District Responsi	ble for Reimbu	rsing the Con	tract	County		Legal Entity
Plentywood K-1					Sheridan		0828
Is this contract shar ☐ yes ☐ no	red between e	lementary an	d high scho	ol?			
Are you applying fo	h explanation)	□ No		Student Name	School	Grade
ISOLATION: Section rates for special circur increased rates, indivitrustees of the district, Public Instruction. (10.	nstances of isolo dual circumstand the county trans	ation of resider ces must be re sportation com	nce. In order to viewed and appoint and the mittee, and the	o receive oproved by the	Student Name	School	Grade
Check here only if incomplistrict Trustees and t	reased payment	due to isolatio	n has been ap	pproved by the	Student Name	School	Grade
Elem District Approval	Elem District Approval yes no				Student Name	School	Grade
HS District Approval County Approval		□ no □ no			THIS CONTRACT	ΓIS FOR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 □ 1st Semester 0	Only 2nd Semester Onl	ly Both Semesters
Jeffrey Whitlow Physical Address (street address only):					Pre-kindergarten/l □ 1st Semester 0	Kindergarten Only □ 2nd Semester Onl	ly □ Both Semesters
						I/PREKINDERGARTEN:	•
Distance from home Elementary 0 Distance from home Elementary 0	HS 11	,			by this contract: To or from Bus St To or from School Kindergarten chi	op times per day,	days per week days per week ool-age students:
□ Contract is for o	ne-way only					i times per day, _	days per week
Students in Each Grade L	evel - Only include	the students to b	e covered by th	is contract.	Deadlines: PARENTS: Due	to School Clerk June 1.	
	Pre-K Total	K Total	1-8 Total	9-12 Total		original to County Supt by Jul	ly 1, retain a copy for your
Regular Trans						INTENDENTS: Send origina	al to OPI by July 10. retain a
Spec. Ed. Trans					copy for your files		
Room & Board					(Fo	REIMBURSEMENT R. or district, county and OPI	
Correspondence							
Reg. Contingency Spec. Ed. Contin.					1	Reimbursement rate is detern 20-10-142, MCA.	mined by
Agreement between	n parent (pare	nt name)			, and school distric	ct (district name)	·,
insured driver will	ansport or provide transport the stude e, the District shall	nts. Mileage con	the student(s) t	o and from the school only when transportation	on for the distance reported on th	hool is in session. The parent or guard	
The payment shall This contract shall	be computed on to terminate at the en	nd of the school y	ear or when the	student(s) is no longe	42, MCA, and the information ac r enrolled in school, whichever or	companying this contract. ccurs first.	<u> </u>
Elementary School	District	Chair, Boa	ard of Truste	es			Date
High School District Plentywood K-12 S		Chair, Boa	ard of Truste	es			Date
			l attes	t that the above i	nformation is true and co	prrect.	
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

_				
Co	nt	ra	∩t.	+

PO Box 202501 Helena, MT 59620		-	chool Year 2005- 2006 e to School Clerk June 1		
Elementary District Responsible for R	eimbursing the Cor	ntract	County		Legal Entity
High School or K-12 District Responsi	ble for Reimbursing	g the Contract	County		Legal Entity
Plentywood K-12 Schools			Sheridan		0828
Is this contract shared between e □ yes □ no	lementary and hi	igh school?			
Are you applying for isolation state (If yes, please attach explanation ISOLATION: Section 20-10-142, MC)	□ No	Student Name	School	Grade
rates for special circumstances of isol increased rates, individual circumstan trustees of the district, the county tran Public Instruction. (10.7.116 ARM pro	ation of residence. ces must be review sportation committe	In order to receive yed and approved by the ee, and the Office of	Student Name	School	Grade
Check here only if increased payment District Trustees and the County Tran	due to isolation ha	s been approved by the	Student Name	School	Grade
HS District Approval ☐ yes	Initials no no		Student Name	School	Grade
County Approval	no		THIS CONTRACT IS FOR		
·	,		☐ 1st Semester Only	□ 2nd Semester Only	□ Both Semesters
Jonathan R. White Physical Address (street address	only):		Pre-kindergarten/Kinder		□ Both Semesters
			KINDERGARTEN/PRE		
Distance from home to nearest so Elementary 0 HS 28	chool (one way)		by this contract: To or from Bus Stop	times per day,	ge students also covered days per week
Distance from home to nearest be Elementary 0 HS 0	us stop, if any (or	ne way)	Kindergarten child rid	es <u>without</u> other schoo	days per week pl-age students: days per week
☐ Contract is for one-way only			To or from School	times per day, _	days per week
Students in Each Grade Level - Only include	the students to be co	vered by this contract.	Deadlines:		
Pre-K	K	1-8 9-12	PARENTS: Due to Sch	lool Clerk June 1.	
Total	Total	Total Total	CLERKS: Send origina files.	Il to County Supt by July	1, retain a copy for your
Regular Trans				NDENTS: Send original	to OPI by July 10, retain a
Spec. Ed. Trans			copy for your files.		TE
Room & Board Correspondence				EIMBURSEMENT RA trict, county and OPI	
Reg. Contingency			Reimb	ursement rate is determ	nined by
Spec. Ed. Contin.				20-10-142, MCA.	
Agreement between parent (pare	nt name)		, and school district (dist	rict name)	, , , , . , , , , , , ,
insured driver will transport the stude 2. In March and June, the District shall transported for the past semester.	ents. Mileage contracts pay the parent the sun	student(s) to and from the school of sare valid only when transportation officially approved in the applica	ter referred to as the District(s) or bus stop on the days when school is in on for the distance reported on the contration upon certification by the teacher or part 42, MCA, and the information accompan	n session. The parent or guardi act actually occurs. orincipal of the school of the nun	
		or when the student(s) is no longe	r enrolled in school, whichever occurs fir		Date
High School District Plentywood K-12 Schools	Chair, Board	of Trustees			Date
FIGHLYWOOD K-12 SCHOOLS		I attest that the above i	nformation is true and correct.		
Signature - Parent or Guardian				Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO E	Box 202501 na, MT 59620			S Du			
Elementary District Re	esponsible for Re	eimbursing the	Contract		County	<u> </u>	Legal Entity
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Con	tract	County		Legal Entity
Plentywood K-1	2 Schools				Sheridan		0828
Is this contract shar ☐ yes ☐ no	red between el	ementary an	d high scho	ol?			
Are you applying fo (If yes, please attac	h explanation))	□ No		Student Name	School	Grade
ISOLATION: Section rates for special circur increased rates, indivi- trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	ation of resider ces must be re sportation com	ice. In order to viewed and a mittee, and the	to receive pproved by the	Student Name	School	Grade
Check here only if incr District Trustees and the	eased payment	due to isolation	n has been ap	oproved by the	Student Name	School	Grade
Elem District Approval	□ yes	lni □ no	tials		Student Name	School	Grade
	□ yes	□ no □ no			THIS CONTRACT IS FO	OR:	
Parent or Guardian	Parent or Guardian Name: (Please Print)				□ 1st Semester Only	□ 2nd Semester On	ly Both Semesters
Kara Eggen Physical Address (street address only):					Pre-kindergarten/Kinder		li
i ilyeledi / iddi eee (e		·,			1st Semester OnlyKINDERGARTEN/PRE		ly □ Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0	HS 12	·			Kindergarten child rid by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop	times per day, times per day, times per day, es <u>without</u> other scho	days per week days per week days per week pol-age students: days per week
□ Contract is for o	ne-way only				To or from School	times per day, ₋	days per week
Students in Each Grade L	evel - Only include	the students to b	e covered by th	is contract.	Deadlines: PARENTS: Due to Sch	ool Clerk June 1.	
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: Send origina files.	I to County Supt by Ju	ly 1, retain a copy for your
Regular Trans						NDENTS: Send origina	al to OPI by July 10, retain a
Spec. Ed. Trans					copy for your files.		
Room & Board					RI	EIMBURSEMENT R trict, county and OPI	
Correspondence					`	•	,,
Reg. Contingency					Reimb	ursement rate is detern 20-10-142, MCA.	mined by
Spec. Ed. Contin.						20-10-142, WOA.	
Agreement between	n parent (parei	nt name)		County to 1	, and school district (dist	,	, , , , , , , , , , , , , , , , , , , ,
(county name) The parties agree as follow 1. The parent shall tra		transportation for		•	fter referred to as the District(s) I or bus stop on the days when school is in		dian assures that a licensed and
insured driver will to 2. In March and June	transport the stude t, the District shall p	nts. Mileage con	tracts are valid	only when transportati	ion for the distance reported on the contra ation upon certification by the teacher or p	ct actually occurs.	
	be computed on the				142, MCA, and the information accompaner enrolled in school, whichever occurs fir		
Elementary School			ard of Truste				Date
High School District Plentywood K-12 S		Chair, Boa	ard of Truste	ees			Date
			l attes	t that the above	information is true and correct.		
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	Box 202501 na, MT 59620	0-2501			chool Year 2005- 20 e to School Clerk Ju		
Elementary District Re	sponsible for R	eimbursing the	Contract		County		Legal Entity
High School or K-12 D	-	ble for Reimbu	rsing the Con	tract	County		Legal Entity
Plentywood K-1				10	Sherida	n	0828
Is this contract shar ☐ yes ☐ no	ed between e	lementary ar	ia nign scho	Ol?			
Are you applying fo (If yes, please attact ISOLATION: Section	h explanation)	□ No	mburgament	Student Name	School	Grade
rates for special circur increased rates, individual trustees of the district, Public Instruction. (10.	nstances of isolo dual circumstan the county tran	ation of resider ces must be re sportation com	nce. In order to viewed and a mittee, and the	o receive oproved by the	Student Name	School	Grade
Check here only if incr District Trustees and the	eased payment	due to isolatio	n has been ap	pproved by the	Student Name	School	Grade
Elem District Approval	Elem District Approval yes no				Student Name	School	Grade
HS District Approval County Approval		□ no			THIS CONTRA	CT IS FOR:	
Parent or Guardian	Name: (Pleas	se Print)			Grades 1-12 □ 1st Semeste	r Only	er Only Both Semesters
Paula Bummer Physical Address (street address only):					Pre-kindergarte ☐ 1st Semeste	n/Kindergarten r Only □ 2nd Semeste	er Only Both Semesters
					KINDERGARTI	EN/PREKINDERGARTEN	ŀ
Distance from home Elementary 0 Distance from home Elementary 0	HS 33	·	• /		by this contract To or from Bus To or from Scho Kindergarten o	ct: Stoptimes per of times per of time	days per week days, days per week day, days per week school-age students: day, days per week day, days per week day, days per week
□ Contract is for o	ne-way only					Joi times per t	lay, uays per week
Students in Each Grade L	evel - Only include	the students to b	be covered by th	is contract.	<u>Deadlines:</u> PARENTS: Du	e to School Clerk June 1.	
	Pre-K Total	K Total	1-8 Total	9-12 Total			by July 1, retain a copy for your
Regular Trans						ERINTENDENTS: Send o	original to OPI by July 10, retain a
Spec. Ed. Trans					copy for your file		
Room & Board Correspondence						REIMBURSEMEN For district, county and	
Reg.							
Contingency Spec. Ed. Contin.						Reimbursement rate is of 20-10-142, M	
Agreement between	naront (naro	nt namo)			and school dis	trict (district name)	
	i parent (pare	nt name)		O		,	<u>,,</u> ,
(county name) The parties agree as follow 1. The parent shall tra		transportation for		•	ter referred to as the D	()	or guardian assures that a licensed and
insured driver will t	transport the stude	nts. Mileage cor	tracts are valid	only when transportation	on for the distance reported or	the contract actually occurs.	the number of days the student(s) was
transported for the 3. The payment shall	past semester. be computed on t	he basis of the so	chedule establis	ned in Section 20-10-1	42, MCA, and the information	accompanying this contract.	, , , , , , , , , , , , , , , , , , ,
4. This contract shall Elementary School			year or when the ard of Truste		r enrolled in school, whicheve	r occurs first.	Date
High School District		Chair, Boa	ard of Truste	es			Date
. Iditywood R-12 O			I attes	t that the above i	nformation is true and	correct.	
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO B	ox 202501 na, MT 59620			S Di			
Elementary District Res	sponsible for Re	eimbursing the	Contract		County	1	Legal Entity
High School or K-12 Di	strict Responsit	ole for Reimbu	rsing the Cont	tract	County		Legal Entity
Plentywood K-1	2 Schools				Sheridan		0828
Is this contract share ☐ yes ☐ no	ed between el	ementary an	d high school	ol?			
Are you applying for (If yes, please attack	n explanation))	□ No		Student Name	School	Grade
rates for special circum increased rates, individ trustees of the district,	stances of isola ual circumstand the county trans	ation of resident ces must be resportation com	nce. In order to viewed and ap mittee, and the	o receive oproved by the	Student Name	School	Grade
Public Instruction. (10.7) Check here only if incre District Trustees and the	eased payment	due to isolation	n has been ap	pproved by the	Student Name	School	Grade
Elem District Approval	□ yes	Ini □ no	tials		Student Name	School	Grade
HS District Approval County Approval	•	□ no □ no			THIS CONTRACT IS FO	OR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 □ 1st Semester Only	□ 2nd Semester Only	/ □ Both Semesters
Sandra Bailey Physical Address (st	treet address	only).			Pre-kindergarten/Kinder		Della Commentant
i ilyolodi / tadi ooo (o		oy/.			 1st Semester Only KINDERGARTEN/PRE 	·	y □ Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0	HS 0	·			Kindergarten child rid by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop	times per day,times per day,times per day,tes without other school_times per day,times per day,	days per week days per week days per week ol-age students: days per week days per week days per week
☐ Contract is for or Students in Each Grade Le	, ,	the students to h	ne covered by th	is contract	Deadlines:		, , ,
State in East. State Es	Pre-K	K	1-8	9-12	PARENTS: Due to Sch	ool Clerk June 1.	
	Total	Total	Total	Total	CLERKS: Send origina files.	l to County Supt by July	1, retain a copy for your
Regular Trans					COUNTY SUPERINTE	NDENTS: Send origina	I to OPI by July 10, retain a
Spec. Ed. Trans					copy for your files.		
Room & Board Correspondence						EIMBURSEMENT RA trict, county and OPI	
Reg.					Reimh	ursement rate is determ	nined by
Contingency Spec. Ed. Contin.						20-10-142, MCA.	
Agreement between	parent (parei	nt name)			, and school district (dist	rict name)	······································
insured driver will tr 2. In March and June, transported for the 3. The payment shall	nsport or provide transport the studenthe District shall past semester.	nts. Mileage con pay the parent the ne basis of the so	the student(s) to tracts are valid of e sum officially a chedule establish	o and from the schoo only when transportat approved in the applic ned in Section 20-10-	fter referred to as the District(s) I or bus stop on the days when school is is ion for the distance reported on the contration upon certification by the teacher or put 142, MCA, and the information accompaner enrolled in school, whichever occurs fire	n session. The parent or guardict actually occurs. principal of the school of the nur ying this contract.	
Elementary School I			ard of Truste				Date
High School District Plentywood K-12 Sc		Chair, Boa	ard of Truste	es			Date
			I attes	t that the above	information is true and correct.		
Signature - Parent or	Guardian					Date	

Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

Address, City, Zip Code

Contract #

PO Box 20250 Helena, MT 59	1	С			
Elementary District Responsible for	or Reimbursing the Cor	ntract	County		Legal Entity
High School or K-12 District Response	onsible for Reimbursin	g the Contract	County		Legal Entity
Plentywood K-12 School	ols		Sheridan		0828
Is this contract shared betwee ☐ yes ☐ no	n elementary and h	igh school?			
Are you applying for isolation (If yes, please attach explanation): ISOLATION: Section 20-10-142,	tion)	□ No	Student Name	School	Grade
rates for special circumstances of increased rates, individual circums trustees of the district, the county Public Instruction. (10.7.116 ARM	isolation of residence. stances must be review transportation committee.	In order to receive yed and approved by the ee, and the Office of	Student Name	School	Grade
Check here only if increased paym District Trustees and the County T	ransportation Committ	ee.	Student Name	School	Grade
Elem District Approval ☐ yes HS District Approval ☐ yes	Initials □ no □ no □ no		Student Name	School	Grade
County Approval ☐ yes Parent or Guardian Name: (Pl	no		THIS CONTRACT IS FO		
,	case i iiii)		☐ 1st Semester Only	□ 2nd Semester Onl	y Both Semesters
Sherri McCrory Physical Address (street addre	ess only):		Pre-kindergarten/Kinder □ 1st Semester Only	garten	v □ Poth Compators
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,				y both Semesters
Distance from home to neares Elementary 0 HS 0 Distance from home to neares Elementary 0 HS 13 Contract is for one-way on Students in Each Grade Level - Only inc Pre-K Total Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency	st bus stop, if any (o		by this contract: To or from Bus Stop To or from School Kindergarten child ride To or from Bus Stop To or from School Deadlines: PARENTS: Due to Sch CLERKS: Send origina files. COUNTY SUPERINTEN copy for your files. RE (For dist	times per day,times per day,	days per week da
Spec. Ed. Contin.				20-10-142, IVICA.	
insured driver will transport the s In March and June, the District s transported for the past semeste The payment shall be computed	vide transportation for the tudents. Mileage contract hall pay the parent the sur or.	County, herein. student(s) to and from the schot s are valid only when transport n officially approved in the appl ule established in Section 20-10	, and school district (dist after referred to as the District(s). ool or bus stop on the days when school is in ation for the distance reported on the contra lication upon certification by the teacher or p 0-142, MCA, and the information accompany ager enrolled in school, whichever occurs fire	n session. The parent or guard ct actually occurs. rincipal of the school of the nu ying this contract.	
Elementary School District	Chair, Board		.g S. S		Date
High School District Plentywood K-12 Schools	Chair, Board	of Trustees			Date
	· · · · · · · · · · · · · · · · · · ·	I attest that the above	e information is true and correct.		
Signature - Parent or Guardian				Date	

Address, City, Zip Code

Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

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Co	nt	ro	^ +	-

PO Bo	ox 202501 a, MT 59620	School Year 2005- 2006							
Elementary District Responsible for Reimbursing the Contract					Count	ty		Legal Entity	
High School or K-12 District Responsible for Reimbursing the Contract				Count	nty		Legal Entity		
Plentywood K-12 Schools					She	ridan		0828	
Is this contract share □ yes □ no	d between el	ementary and	d high school	ol?					
Are you applying for (If yes, please attach	explanation)	ı	□ No	nhursement	Student Na	ime	School	Grade	
ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)					Student Na	ime	School	Grade	
Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.				Student Na	ime	School	Grade		
Elem District Approval HS District Approval		Init □ no □ no	ials 		Student Na		School	Grade	
County Approval Parent or Guardian N		no			Grades 1-1				
Trudi Kisler	tamo. (r rodo	011			□ 1st Sem	ester Only	□ 2nd Semester Onl	ly Both Semesters	
Physical Address (st	reet address	only):			Pre-kindergarten/Kindergarten ☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters				
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for on Students in Each Grade Let Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg.	HS 12 to nearest bu HS 0 e-way only	is stop, if any	(one way)	s contract. 9-12 Total	by this con To or from To or from Kindergar To or from To or from Deadline PARENTS CLERKS: files.	ntract: Bus Stop School ten child ride Bus Stop School ES: Due to Sch Send origina SUPERINTEN ur files. RE (For dist	times per day, times	days per week da	
Contingency Spec. Ed. Contin.						Reimb	ursement rate is deterr 20-10-142, MCA.	mined by	
insured driver will tra 2. In March and June, transported for the p 3. The payment shall be	s: nsport or provide to an sport the stude the District shall past semester. se computed on the	rransportation for nts. Mileage cont pay the parent the ne basis of the sol	the student(s) to racts are valid o sum officially a nedule establish	o and from the school of any when transportation opproved in the applicate and in Section 20-10-14	er referred to as to bus stop on the days on for the distance reportion upon certification but 42, MCA, and the inform	when school is in ted on the contra- y the teacher or p	session. The parent or guard ct actually occurs. rincipal of the school of the nu	dian assures that a licensed and imber of days the student(s) was	
Elementary School D	erminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Chair, Board of Trustees Date						Date		
High School District Chair, Board of Trustees Plentywood K-12 Schools								Date	
I attest that the above information is true and correct.									
Signature - Parent or 0	Guardian						Date		

Address, City, Zip Code

Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

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Co	nt	ra	∩t.	+

PO Box 2025 Helena, MT 5	01	S Di					
Elementary District Responsible		tract	County	County			
High School or K-12 District Res	ponsible for Reimbursing	the Contract	County		Legal Entity		
Plentywood K-12 Scho	ols		Sheridan		0828		
Is this contract shared betwee ☐ yes ☐ no	en elementary and hi	gh school?					
Are you applying for isolation (If yes, please attach explanation): ISOLATION: Section 20-10-142	ation)	No	Student Name	School	Grade		
rates for special circumstances of increased rates, individual circum trustees of the district, the county Public Instruction. (10.7.116 ARI	of isolation of residence nstances must be review y transportation committed	In order to receive ed and approved by the ee, and the Office of	Student Name	School	Grade		
Check here only if increased pay District Trustees and the County	ment due to isolation ha	s been approved by the	Student Name	School	Grade		
Elem District Approval yes HS District Approval yes	Initials □ no □ no		Student Name	School	Grade		
County Approval yes Parent or Guardian Name: (F	□ no		THIS CONTRACT IS FO Grades 1-12	<u>OR:</u>			
·	riease Filiti)		☐ 1st Semester Only	□ 2nd Semester Onl	y Both Semesters		
Virginia Richardson Physical Address (street add	lress only):		Pre-kindergarten/Kindergarten ☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters				
			KINDERGARTEN/PRE	KINDERGARTEN:			
Distance from home to neare	3		by this contract: To or from Bus Stop To or from School	times per day, _ times per day, _	age students also covered days per week days per week		
Distance from home to neare Elementary 0 HS 0	est bus stop, if any (of	ie way)	Kindergarten child ride To or from Bus Stop	times per day, _	days per week		
□ Contract is for one-way o	only			times per day, _	days per week		
Students in Each Grade Level - Only i	nclude the students to be co	vered by this contract.	<u>Deadlines:</u> PARENTS: Due to Sch	ool Clerk June 1.			
Pre-l Tota		1-8 9-12 Total Total	CLERKS: Send origina		y 1, retain a copy for your		
Regular Trans			files.	IDENTS: Send origina	ıl to OPI by July 10, retain a		
Spec. Ed. Trans			copy for your files.				
Room & Board Correspondence				EIMBURSEMENT RA crict, county and OPI			
Reg.			Doimh	uraamant rata ja datarn	ainad hu		
Contingency Spec. Ed. Contin.			Reimb	ursement rate is detern 20-10-142, MCA.	nined by		
	1 1	I l					
Agreement between parent (parent name)		, and school district (dist	rict name)	······································		
insured driver will transport the 2. In March and June, the District transported for the past semes	students. Mileage contracts shall pay the parent the sunter.	student(s) to and from the schools are valid only when transportating officially approved in the applications.	fter referred to as the District(s) I or bus stop on the days when school is in ion for the distance reported on the contra ation upon certification by the teacher or pure the contract of t	n session. The parent or guard ct actually occurs. rincipal of the school of the nu			
		or when the student(s) is no longer	er enrolled in school, whichever occurs first		Date		
High School District	Chair, Board				Date		
Plentywood K-12 Schools		Lattest that the above	information is true and correct.				
Signature - Parent or Guardian	1	ו מנוכטנ נוומנ נוופ מטטעפ	morniauon is true and coffect.	Date			
				i e			